


NAME OF REGISTRANT		PLEASE TYPE OR PRINT WITH INK		TYPE OF APPLICATION		TYPE OF OPERATION		U.S. DOT NUMBER	
FLORIDA BUSINESS ADDRESS (DO NOT USE P.O. BOX)		<b>INTERNATIONAL REGISTRATION PLAN</b> <b>FLORIDA APPLICATION SCHEDULE A</b> DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTOR VEHICLES BUREAU OF MOTOR CARRIER SERVICES Neil Kirkman Building, MS-62 Tallahassee, Florida 32399-0626 Telephone (850) 488-6921		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> ADD FLEET <input type="checkbox"/> ADD STATE <input type="checkbox"/> ADD VEHICLE <input type="checkbox"/> TRANSFER <input type="checkbox"/> INCREASE WEIGHT <input type="checkbox"/> CORRECTION		<input type="checkbox"/> EXEMPT COMMODITY CARRIER <input type="checkbox"/> HOUSEHOLD GOODS CARRIER <input type="checkbox"/> FOR HIRE CARRIER <input type="checkbox"/> PRIVATE CARRIER (OWNS GOODS BEING TRANSPORTED)		<b>FEI # OR SS #</b> (THIS # IS REQUIRED TO REFERENCE YOUR IFTA ACCOUNT)	
CITY COUNTY STATE ZIP CODE									
MAILING ADDRESS									
CITY COUNTY STATE ZIP CODE									
PERSON TO CONTACT REGARDING APPLICATION				TELEPHONE NUMBER					
IF THE ABOVE ADDRESSES OR TELEPHONE NUMBER ARE DIFFERENT FROM WHAT WAS ON YOUR PREVIOUS APPLICATION, PLEASE CHECK THIS BOX: <input type="checkbox"/>									

<b>TRANSACTION TYPES</b>		<b>VEHICLE TYPES</b>				<b>FUEL TYPES</b>	
O - ORIGINAL	A - ADD VEHICLE	TT - TRUCKTRACTOR	TK - TRUCK (SINGLE)	DB - DOUBLE BOTTOMS	RT - ROAD TRACTOR (MOBILE HOME TRANSPORTERS ONLY)	D - DIESEL	G - GAS
C - CORRECTION	D - DELETE VEHICLE	TR - TRACTOR		CG - CONVERTER		P - PROPANE	

IRP ACCOUNT NUMBER		FLEET NUMBER		VEHICLE INFORMATION											LICENSE YEAR		
TRANS-ACTION TYPE	OWNER'S UNIT EQUIPMENT	Y E A R	M A K E	VEHICLE IDENTIFICATION NUMBER	T Y P E	A X E L E T S	S E L	F U E L	VEHICLE COLOR	GROSS OR COMBINED GROSS WEIGHT	EMPTY WEIGHT	DATE OF PURCHASE (M / D / Y)	OWNER'S PURCHASE PRICE	FACTORY LIST PRICE	NAME OF OWNER (AS IT APPEARS ON TITLE)	TITLE NUMBER AND STATE	COLORADO LOW MILEAGE

<b>HAVE YOU</b> SIGNED THIS APPLICATION AND ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION?	<input type="checkbox"/> SIGNED APPLICATION	<input type="checkbox"/> PROOF OF PAYMENT OF HEAVY VEHICLE USE TAX (IRS Form 2290)
	<input type="checkbox"/> PROOF OF OWNERSHIP	<input type="checkbox"/> PROOF OF BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE
	<input type="checkbox"/> COPY OF LEASE, IF APPLICABLE	<input type="checkbox"/> PROOF OF ESTABLISHED PLACE OF BUSINESS



**IMPORTANT GVW INFORMATION:** If you register a vehicle for a particular state at a weight other than what is indicated on **Schedule A**, please indicate the state(s) and weight(s) here:

**SCHEDULE B - WEIGHT INFORMATION AND MILEAGE**

SCHEDULE OF FLEET MILEAGE FOR THE PERIOD  
**JULY 1, \_\_ THROUGH JUNE 30, \_\_**

**PLEASE NOTE:** If mileage is not indicated for an apportioned state, you will not be apportioned to travel in that state.

*Will you be operating intrastate in the state of Wyoming?*

**yes** ☐ **no** ☐ *(please ✓ one)*

JURISDICTION		ACTUAL MILES	ESTIMATED MILES	INACTIVE MILES	JURISDICTION		ACTUAL MILES	ESTIMATED MILES	INACTIVE MILES	JURISDICTION		ACTUAL MILES	ESTIMATED MILES	INACTIVE MILES
FLORIDA	FL				MICHIGAN	MI				TEXAS	TX			
ALABAMA	AL				MINNESOTA	MN				UTAH	UT			
ALASKA	AK				MISSOURI	MO				VIRGINIA	VA			
ARKANSAS	AR				MISSISSIPPI	MS				VERMONT	VT			
ARIZONA	AZ				MONTANA	MT				WASHINGTON	WA			
CALIFORNIA	CA				NORTH CAROLINA	NC				WISCONSIN	WI			
COLORADO	CO				NORTH DAKOTA	ND				WEST VIRGINIA	WV			
CONNECTICUT	CT				NEBRASKA	NE				WYOMING	WY			
DIST. OF COLUMBIA	DC				NEW HAMPSHIRE	NH				ALBERTA	AB			
DELAWARE	DE				NEW JERSEY	NJ				BRITISH COLUMBIA	BC			
GEORGIA	GA				NEW MEXICO	NM				MANITOBA	MB			
IOWA	IA				NEVADA	NV				MEXICO	MX			
IDAHO	ID				NEW YORK	NY				NEW BRUNSWICK	NB			
ILLINOIS	IL				OHIO	OH				NEWFOUNDLAND	NF			
INDIANA	IN				OKLAHOMA	OK				NOVA SCOTIA	NS			
KANSAS	KS				OREGON	OR				NW TERRITORY	NT			
KENTUCKY	KY				PENNSYLVANIA	PA				ONTARIO	ON			
LOUISIANA	LA				RHODE ISLAND	RI				PRINCE EDW. ISLAND	PE			
MASSACHUSETTS	MA				SOUTH CAROLINA	SC				QUEBEC	PQ			
MARYLAND	MD				SOUTH DAKOTA	SD				SASKATCHEWAN	SK			
MAINE	ME				TENNESSEE	TN				YUKON	YT			

I certify that the information furnished in this application and the attachments is true and correct. I further certify that I have read and understand the records retention requirements for the International Registration Plan and will comply with them.

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

THIS APPLICATION MUST BE SIGNED BY THE REGISTRANT UNLESS REGISTRANT SUBMITS A POWER OF ATTORNEY DESIGNATING THE PERSON SIGNING AS AN AUTHORIZED AGENT.

**PLEASE DO NOT REMIT MONEY WITH THIS APPLICATION.**

**A BILL WILL BE CALCULATED AND MAILED TO YOU.**

**EARLY APPLICANTS WILL BE GIVEN PRIORITY.**

ADD ACTUAL MILEAGE AND ENTER TOTAL IN BOX A

ADD ESTIMATED MILEAGE AND ENTER TOTAL IN BOX B

ENTER COMBINED TOTAL OF A AND B IN BOX C

TOTAL ACTUAL FLEET MILES

TOTAL ESTIMATED FLEET MILES

TOTAL ACTUAL MILES + ESTIMATED MILES

**A**

**B**

**C**

**EXPLANATION OF ESTIMATED MILEAGE:**